

***Fiscal Year 2000
INDIAN HOUSING DRUG ELIMINATION PROGRAM
(IHDEP)***

Application Kit



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING
OFFICE OF NATIVE AMERICAN PROGRAMS

TABLE OF CONTENTS

Introduction.....	1
Eligible Applicants	2
Eligible Activities	2
Ineligible Activities	2
FY 2000 IHDEP Funds	3
Application Submission Requirements.....	4
Application Selection Process.....	6
Application Kits and Assistance	7
General Requirements and Information.....	7

IHDEP NOFA

Appendix A – Area Offices of Native American Programs

Appendix B – Current Assisted Stock By Tribe

Appendix C – Required Forms and Certifications

- ☐ Application Data Input Form
- ☐ Application Cover Letter
- ☐ Project Summary, Congressional Notification
- ☐ Executive Summary and Implementation Schedule
- ☐ Standard Form-424, Application for Federal Assistance
- ☐ Standard Form-424A, Budget Information (non-construction programs), with activity Budget Narrative/and supporting documentation, as applicable
- ☐ Standard Form-424B, Assurances (non-construction programs)
- ☐ Standard Form-2880, Applicant/Recipient Disclosure/Update Report
- ☐ Form HUD-50070 Drug-Free Workplace Certification
- ☐ Form HUD-50071 Certification of Payments to Influence Federal Transactions (Lobbying Certification)
- ☐ SF-LLL Disclosure of Lobbying Activities Certification
- ☐ Form HUD-2992 Certification of Debarment and Suspension
- ☐ Certification of Consistency with the Indian Housing Plan
- ☐ Certification of Resident Management Corporations, Resident Councils, Resident Organizations, and Residents
- ☐ Acknowledgement of Application Receipt

FISCAL YEAR 2000 INDIAN HOUSING DRUG ELIMINATION PROGRAM (IHDEP)

General Application Information

APPLICATION DEADLINE: July 10, 2000

INTRODUCTION

Fiscal Year 2000 Indian Housing Drug Elimination Programs are designed for use in reducing/eliminating drug-related crime and other Part I and Part II crimes “in or around” low-income American Indian and Alaskan Native housing developments. IHDEP is designed to:

- ☐ Encourage tribally designated housing entities (TDHEs) to use IHDEP resources to establish collaborative relationships and increase services over and above what might ordinarily be provided to residents.
- ☐ Effectively coordinate with Federal, Tribal, State, and local agencies to increase employment and training opportunities for low-income residents, and thereby reduce/eliminate drug-related crime.
- ☐ Increase the community and resident involvement in drug and drug-related crime reduction activities: such as community policing; police mini-stations; resident training; substance abuse prevention, intervention, treatment (dependency/remission), and structured aftercare; and other human resources programs.

Tribes and TDHEs may apply for funding for physical improvements specifically designed to enhance security; programs designed to reduce drug use in and around Indian housing developments including drug-abuse prevention, intervention, referral, and treatment; funding for non-profit Resident Management Corporations (RMCs), incorporated Resident Councils (RCs), and Resident Organizations (ROs) to develop security and drug abuse prevention programs involving site residents; employment of security personnel; employment of personnel to investigate and provide evidence in administrative or judicial proceeding; reimbursement of local law enforcement agencies for additional security and protective services over baseline; and training, communications equipment, and other related equipment for use by voluntary tenant patrols.

Programs must be part of a comprehensive plan addressing the reduction/elimination of drug-related crime in or around low-income American Indian and Alaskan Native housing developments. Applicants are encouraged to discuss IHDEP initiatives and how the IHDEP efforts may be coordinated with anti-crime related activities across local, State, Federal, and Tribal levels to maximize their effectiveness.

ELIGIBLE APPLICANTS

Funds are available for Indian Tribes and recipients of assistance under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) to develop and finance drug and drug-related crime elimination efforts in their developments.

Eligible applicants are only Indian Tribes or TDHEs. A tribe can apply either in its own name or through its TDHE. A TDHE cannot apply on behalf of a tribe that is applying on its own behalf.

Resident Management Corporations (RMCs) and incorporated Resident Councils (RCs) are eligible for funding as sub-contractors. RMCs and Resident Organizations (ROs) that were operating pursuant to 24 CFR Part 950 are eligible for funding from tribes or TDHEs as subgrantees to develop security and substance abuse prevention.

Consult Section III(B) of the NOFA for information regarding applicant eligibility.

ELIGIBLE ACTIVITIES

IHDEP grants may be used for seven (7) types of activities including:

- ☐ Physical improvements specifically designed to enhance security;
- ☐ Programs designed to reduce drug use in and around Indian housing developments, including drug-abuse prevention, intervention, referral, and treatment;
- ☐ Funding for non-profit resident management corporations, RCs, and ROs to develop security and drug abuse prevention programs involving site residents;
- ☐ Employment of security personnel;
- ☐ Employment of personnel to investigate and provide evidence in administrative or judicial proceeding;
- ☐ Reimbursement of local law enforcement agencies for additional security and protective services above baseline; and
- ☐ Training, purchase of communications equipment, and other related equipment for use by voluntary tenant patrols.

Please consult Section III(C) of the IHDEP NOFA to learn specifics of eligible activities and requirements of activities your application will need to discuss.

INELIGIBLE ACTIVITIES

IHDEP funding is not permitted for any of the activities listed below, unless otherwise specified in the IHDEP NOFA.

- ☐ Costs incurred before the effective date of the grant agreement (Form HUD-1044), including, but not limited to, consultant fees related to the development of an application, or the actual writing of the application.
- ☐ The purchase of controlled substances for any purpose. Controlled substance shall have the meaning provided in section 102 of the Controlled Substance Act (21 U.S.C.802).
- ☐ Compensation of informants, including confidential informants. These should be part of the baseline services provided and budgeted by local law enforcement agencies.
- ☐ Direct purchase or lease of clothing or equipment, vehicles (including cars, vans and buses), uniforms, ammunition, firearms/weapons, protective vests, and any other supportive equipment for use in law enforcement or military enforcement except for eligible tribal police departments and investigator activities listed in the NOFA.
- ☐ Construction of facility spaces in a building or unit, and the costs of retrofitting/modifying existing buildings owned by the tribe/TDHE for purposes other than community policing mini-station operations, adult/youth education, employment training facilities, and drug abuse treatment activities.
- ☐ Organized fund raising, advertising, financial campaigns, endowment drives, solicitation of gifts and bequests, rallies, marches, community celebrations, stipends and similar expenses.
- ☐ Court costs and attorneys' fees related to screening or evicting residents for drug-related crime.
- ☐ IHDEP grant funds cannot be transferred to any Federal agency.
- ☐ Costs to establish resident councils, resident associations, resident organizations, and resident corporations.
- ☐ Indirect costs are not allowable.
- ☐ Supplant existing positions/activities. For purposes of the IHDEP, supplanting is defined as "taking the place of or to supersede."
- ☐ Alcohol-exclusive activities and programs **are not eligible**, although activities and programs may address situations of multiple abuse involving controlled substances and alcohol.
- ☐ Physical improvements that involve demolishing any units in a development.
- ☐ Physical improvements that displace any persons are ineligible.
- ☐ Acquiring real property.

Please consult Section III(C) and III(D) of the IHDEP NOFA for a complete list and detailed description of ineligible activities.

FY 1999-2000 IHDEP FUNDS

Funding Available: \$22,000,000 (Approximate)

HUD is distributing grant funds for IHDEP under FY 1999 (\$11 million) and FY 2000 (\$11 million) on a national competitive basis. Maximum grant award amounts are computed for IHDEP on a sliding scale, using an overall maximum cap, depending upon the number of housing authority or Tribal/TDHE units eligible for funding. This figure (the number of eligible units for funding) will determine the grant amount that the

tribe/TDHE is eligible to receive if they meet the IHDEP criteria and score a minimum of 70 out of 105 points.

Unit Count

The unit count includes rental, Turnkey III and Mutual Help Homeownership units that have not been conveyed to a homebuyer, and Section 23 lease housing bond-financed projects. Such units must be counted as Formula Current Stock under the Indian Housing Block Grant Program.

Eligible units are those which are under management and fully developed. Use the number of units counted as Formula Current Assisted Stock for the Fiscal Year 2000 as defined in 24 CFR 1000.316. (See Appendix B: Current Assisted Stock By Tribe.) Units that are developed or assisted under NAHASDA are not included in the unit count outlined above. They are, however, eligible to receive assistance under the IHDEP.

See NOFA Section IV(A) for information on unit count.

Maximum Award Amounts

For tribes/TDHEs with 1-1,250 units: The maximum grant award cap is \$600 multiplied by the number of eligible units.

For tribes/TDHEs with 1,251 or more units: The maximum grant award cap is \$520 multiplied by the number of eligible units; up to, but not to exceed, a maximum grant award of \$3 million dollars.

See NOFA Section IV(A) for information on awards.

APPLICATION SUBMISSION REQUIREMENTS

If you submitted an application under the Public and Indian Housing Drug Elimination Program (PIHDEP) NOFA published February 26th 1999, you do not need to submit another IHDEP application under this NOFA. However, because of changes that are Native American specific to this FY 1999-2000 IHDEP NOFA, **we strongly suggest you update the application that you submitted by the IHDEP deadline of July 10, 2000. Please be advised that the new IHDEP NOFA contains changes in the five rating factors for evaluating applications for award and in the grant award amounts.** If you need specific information or data from the application that you submitted in response to the February 26, 1999 NOFA please contact the appropriate AONAP in your jurisdiction to obtain the information you need (See Appendix A: Area Offices of Native American Programs).

If you are a tribe/TDHE that responded to the Notice Withdrawing and Reissuing the FY 1999 PIHDEP NOFA, published May 12, 1999 (64 FR 25746), that requested applicants submit documents based on submission requirements in Section III, A through F of that

Notice, **you will still need to submit** the required information in the FY 1999-2000 IHDEP application kit which contains all of the required forms and certifications for this IHDEP NOFA.

An applicant shall submit no more than one application, per tribe/TDHE on behalf of the tribe for the IHDEP NOFA. In addition, joint applications that include more than one TDHE representing the tribe are permitted only in those cases where there is a single administrator managing another under contract or sharing a common executive director. In those cases, a separate budget, plan, timetable, and unit count shall be supplied in the application.

You must send an original application and two identical copies of your application to the AONAP Administrator by the deadline. (See Appendix A.)

You must submit the required IHDEP FY 1999-2000 Application Kit that contains all the requisite forms in order to be considered for the IHDEP funding. Your application submitted to HUD must also include the items required under Section V (Application Selection Process) of this NOFA, including the plan to address the problem of drug-related crime in the developments proposed for funding.

Each applicant must also comply with Section VI of the IHDEP NOFA (Application Submission Requirements).

Each IHDEP application must also contain the following items:

1. An application cover letter.
2. A summary of the proposed program activity in five (5) sentences or less.
3. A description of subgrantees, if applicable. The description must include the names of the subgrantees, as well as their roles and contributions in implementing the IHDEP grant activities.
4. An overall budget and timetable that includes separate budgets, goals and timetables for each activity, and addresses the milestones toward achieving each described goal. You must also describe the contributions and implementation responsibilities of each partner for each activity, goal, and milestone.
5. A description of the number of staff, the titles, professional qualifications, and respective roles of the staff assigned full or part-time to grant implementation.
6. Lines of accountability (including organization chart) for implementing the grant activity, coordinating the partnership, and assuring that the commitment made by you and your subgrantees will be met.
7. A narrative of the plan that will address the problem of drug-related crime in the developments proposed for funding.
8. Response to each of the five Rating Factors in this NOFA: 1) capacity of the applicant and relevant organizational experience, 2) need/extent of the problem, 3) soundness of approach, 4) leveraging resources, and 5) comprehensiveness and coordination.

9. The following forms that are included in this FY 1999-2000 IHDEP Application Kit:

- ☐ Application Data Input Form
- ☐ Application Cover Letter
- ☐ Project Summary, Congressional Notification
- ☐ Executive Summary and Implementation Schedule
- ☐ Standard Form-424, Application for Federal Assistance
- ☐ Standard Form-424A, Budget Information (non-construction programs), with activity Budget Narrative/and supporting documentation, as applicable
- ☐ Standard Form-424B, Assurances (non-construction programs)
- ☐ Standard Form-2880, Applicant/Recipient Disclosure/Update Report
- ☐ Form HUD-50070 Drug-Free Workplace Certification
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- ☐ SF-LLL Disclosure of Lobbying Activities Certification
- ☐ Form HUD-2992 Certification of Debarment and Suspension
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APPLICATION SELECTION PROCESS

Your application must address the five (5) factors, and subfactors listed in Section V(B) of the IHDEP NOFA. The maximum number of points for this program is 105. An application must receive a score of at least 70 points to be eligible for funding.

HUD will rate and rank applications based on the five rating factors listed in the NOFA. HUD will select and fund the highest ranking applications based on total score, and continue the process until all funds allocated have been awarded or to the point where there are insufficient acceptable applications for which to award funds.

In the event of a tie, HUD will select the highest-ranking application that can be fully funded. In the event that two eligible applications receive the same score, and both cannot be funded because of insufficient funds, the applicant with the highest score in rating factor two will be funded. If rating factor two is scored identically, the scores in rating factors one and four will be compared in that order, until one of the applications receives a higher score. If both applications still score the same then the application which requests the least funding will be selected in order to promote the more efficient use of resources.

APPLICATION KITS AND ASSISTANCE

To receive a copy of the Indian Housing Drug Elimination Program application kit, please call the Public and Indian Housing Resource Center (1-800-955-2232). Persons with hearing or speech impairment may call the Center's TTY number at 1-800-483-2209.

At ONAP's website <http://www.codetalk.fed.us>, you may also download a copy of the IHDEP NOFA and application kit.

For further information and technical assistance, please call the Area Office of Native American Programs (AONAPs) with jurisdiction over the tribe or TDHE (See Appendix A) or Public and Indian Housing Resource Center (1-800-955-2232). You may also contact Tracy Outlaw at the Denver Program Office of Native American Programs, Department of Housing and Urban Development, 1999 Broadway, Suite 3390, Denver, CO 80202 or at 303-675-1600 (This is not a toll-free number).

See NOFA Section I for application due date, submission address, application kit and further information, and technical assistance.

GENERAL REQUIREMENTS AND INFORMATION

Term of Grant

Grant funds must be expended within 24 months after HUD executes a Grant Agreement. There will be no extensions of this grant term and at the end of the grant term all unspent funds will be returned to HUD. Section IV of the NOFA covers this and most other general requirements and information.

Reports and Closeouts

In accordance with 24 CFR 761.35, grantees are required to submit semi-annually an IHDEP Semi-Annual Performance Report and the Semi-Annual Financial Status Report (SF-269A) to the appropriate AONAP.

These IHDEP Semi-Annual Performance Reports shall cover the periods ending June 30, and December 31, and must be submitted to the local AONAP by July 30 and January 31 of each year. Grantees will submit these reports electronically. Access to grants funds will be denied if these reports are not received in a timely fashion. The final reports are due to the AONAP within 90 days after the termination of the grant agreement and shall cover the period from the date of the grant agreement to the termination date of the grant agreement.

At grant completion, the grantee must comply with the closeout requirements described in Public Housing Notice PIH 98-60 (HA), entitled Grant Closeout Procedures and, when appropriate, in the return of grant funds which have not been expended in accordance with applicable requirements.

Mailed Applications

Applications will be considered timely filed if postmarked before midnight on the application due date and received by 6 p.m. local time at the local AONAP within the (10) days of that date.

Applications Sent by Overnight Delivery

Overnight delivery items will be considered timely filed if received before or on the application due date by 6 p.m. local time, or upon submission of documentary evidence that they were placed in transit with the overnight delivery service by no later than the specified application due date.

Hand Carried Applications

Hand carried applications delivered before or on the application due date must be brought to the local AONAP no later than 6:00 p.m. local time on the application due date.

Notification

HUD will provide written notification to all applicants of whether or not they have been selected.

Grant Agreement

After an application has been approved, HUD and the applicant shall enter into a grant agreement, setting the amount of the grant and its applicable terms, conditions, financial controls, payment mechanism, schedule, measurements/outcomes, monitoring schedules, and special conditions, including sanctions for violation of the agreement. The grant agreement will state the dates of the period of performance or “grant term” for the proposed application.

Corrections to Deficient Applications

Section VII of this NOFA provides the procedures for corrections to deficient applications.

Environmental Requirement

Prior to the award of grant funds under the program, HUD will perform an environmental review to the extent required under the provisions of 24 CFR Part 58 for ONAP.

Public Burden Collections Requirement

Information requested in accordance with Chapter 2, Subtitle C, Title V of the Anti-Drug Abuse Act of 1988 (42 U.S.C. 11901-11908), as amended by Section 581 of the National Affordable Housing Act (NAHA) (P.L. 1101—625, and approved November 28, 1990). The information will be used to rate applications, determine eligibility, and to establish grant amounts. Selection of applications for funding under the Indian Housing Drug Elimination Grant Program is based on rating factors listed in the Notice of Funding Availability (NOFA), which is published each year to announce the Program's funding round. The information collected in the application will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestions for reducing the burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0124), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600.

Appendix A

Area Offices of Native American Programs

TRIBES & IHAs LOCATED	ONAP ADDRESS
East of the Mississippi River (including all of Minnesota and Iowa): Kevin Fitzgibbons	Eastern/Woodlands Office of Native American Programs, 5API Metcalfe Federal Building 77 West Jackson Boulevard, Room 2400 Chicago, Illinois 60604-3507 (312) 886-4532 or (800) 735-3239; Fax (312) 353-8936 TDD Numbers: 1-800-927-9275 or 312 886-3741
Louisiana, Missouri, Kansas, Oklahoma, and Texas (except For Isleta del Sur): Wayne Sims	Southern Plains Office of Native American Programs, 6IPI 500 West Main Street, Suite 400 Oklahoma City, Oklahoma 73102 (405) 553-7521; Fax (405) 553-7403
Colorado, Montana, Nebraska North Dakota, South Dakota, Wyoming and Utah: Mike Boyd, Acting Admin.	Northern Plains Office of Native American Programs, 8API Wells Fargo Tower North 633 17 th Street Denver, Colorado 80202-3607 (303) 672-5465; Fax (303) 672-5003 TDD Number: (303) 844-6158
Arizona, California, New Mexico, Nevada, and Isleta del Sur in Texas: Raphael Mecham	Southwest Office of Native American Programs, 9EPI Two Arizona Center 400 North Fifth Street, Suite 1650 Phoenix, Arizona 85004-2361 (602) 379-4156; Fax (602) 379-3101 TDD Number: 602-379-4156 or Albuquerque Division of Native American Programs, 9EPIQ Albuquerque Plaza 201 3 rd Street, NW, Suite 1830 Albuquerque, New Mexico 87102-3368 (505) 346-6923; Fax (505) 346-6927 TDD Number: None
Idaho, Oregon and Washington: Ken A. Bowring	Northwest Office of Native American Programs, OAPI 909 First Avenue, Suite 300 Seattle, Washington 98104-1000 (206) 220-5276; Fax (206) 220-5234 TDD Number: (206) 220-5185
Alaska: Marlin Knight	Alaska Office of Native American Programs, OCPI University Plaza Building 949 East 36 th Avenue, Suite 401 Anchorage, Alaska 99508-4399 (907) 271-4633; Fax (907) 271-4605 TDD Number: (907) 271-5115

Appendix B – Current Assisted Stock By Tribe

Current Assisted Stock By Tribe (FY 2000 Final)

Office	Tribe	MH	LR	TK3	FY00 fin	Adjustment
ALASKA	Afognak	0	0	0	0	
ALASKA	Ahtna Native Regional Corporation	62	67	0	129	
ALASKA	Akhiok	0	0	0	0	
ALASKA	Akiachak	0	0	0	0	
ALASKA	Akiak	0	0	0	0	
ALASKA	Akutan	0	0	0	0	
ALASKA	Alakanuk	0	0	0	0	
ALASKA	Alatna	0	0	0	0	
ALASKA	Aleknagik	0	0	0	0	
ALASKA	Aleutian Regional Corp.	262	51	0	313	
ALASKA	Algaaciq (St. Mary's)	0	0	0	0	
ALASKA	Allakaket	0	0	0	0	
ALASKA	Ambler	0	0	0	0	
ALASKA	Anaktuvuk Pass	0	0	0	0	
ALASKA	Andreafski	0	0	0	0	
ALASKA	Angoon	0	0	0	0	
ALASKA	Aniak	0	0	0	0	
ALASKA	Annette Island (Metlakakla)	104	56	0	160	
ALASKA	Anvik	0	0	0	0	
ALASKA	Arctic Slope Native Regional Corp.	378	71	0	449	
ALASKA	Arctic Village	0	0	0	0	
ALASKA	Atka	0	0	0	0	
ALASKA	Atmautluak	0	0	0	0	
ALASKA	Atkasuk (Atkasook)	0	0	0	0	
ALASKA	Baranof Island Regional Corporation	67	20	0	87	
ALASKA	Barrow	0	0	0	0	
ALASKA	Beaver	0	0	0	0	
ALASKA	Belkofski	0	0	0	0	
ALASKA	Bering Straits Native Regional Corp.	537	44	0	581	
ALASKA	Bill Moore's Slough	0	0	0	0	
ALASKA	Birch Creek	0	0	0	0	
ALASKA	Brevig Mission	0	0	0	0	
ALASKA	Bristol Bay Native Regional Corp.	349	57	0	406	-20
ALASKA	Buckland	0	0	0	0	
ALASKA	Calista Native Regional Corporation	1,306	32	0	1,338	
ALASKA	Cantwell	0	0	0	0	
ALASKA	Chalkyitsik	0	0	0	0	
ALASKA	Chanega	0	0	0	0	
ALASKA	Cheformak	0	0	0	0	
ALASKA	Chevak	0	0	0	0	
ALASKA	Chickaloon	0	0	0	0	
ALASKA	Chignik	0	0	0	0	
ALASKA	Chignik Lagoon	0	0	0	0	
ALASKA	Chignik Lake	0	0	0	0	
ALASKA	Chilkat	0	0	0	0	
ALASKA	Chilkoot	0	0	0	0	
ALASKA	Chistochina	0	0	0	0	
ALASKA	Chitina	0	0	0	0	
ALASKA	Chuatbaluk	0	0	0	0	
ALASKA	Chugach Native Regional Corporation	167	69	0	236	
ALASKA	Chuloonawick	0	0	0	0	

ALASKA	Circle	0	0	0	0
ALASKA	Clark's Point	0	0	0	0
ALASKA	Cook Inlet Native Regional Corporation	246	267	0	513
ALASKA	Council	0	0	0	0
ALASKA	Craig	0	0	0	0
ALASKA	Crooked Creek	0	0	0	0
ALASKA	Curyung	0	0	0	0
ALASKA	Deering	0	0	0	0
ALASKA	Dot Lake	0	0	0	0
ALASKA	Douglas	0	0	0	0
ALASKA	Doyon Native Regional Corporation	513	21	0	534
ALASKA	Eagle	0	0	0	0
ALASKA	Eek	0	0	0	0
ALASKA	Egegik	0	0	0	0
ALASKA	Eklutna	0	0	0	0
ALASKA	Ekuk	0	0	0	0
ALASKA	Ekwok	0	0	0	0
ALASKA	Elim	0	0	0	0
ALASKA	Emmonak	0	0	0	0
ALASKA	Evansville (Bettles Field)	0	0	0	0
ALASKA	Eyak	0	0	0	0
ALASKA	False Pass	0	0	0	0
ALASKA	Fort Yukon	0	0	0	0
ALASKA	Gakona	0	0	0	0
ALASKA	Galena	0	0	0	0
ALASKA	Gambell	0	0	0	0
ALASKA	Georgetown	0	0	0	0
ALASKA	Golovin (Chinik)	0	0	0	0
ALASKA	Goodnews Bay	0	0	0	0
ALASKA	Grayling	0	0	0	0
ALASKA	Gulkana	0	0	0	0
ALASKA	Hamilton	0	0	0	0
ALASKA	Healy Lake	0	0	0	0
ALASKA	Holy Cross	0	0	0	0
ALASKA	Hoonah	0	0	0	0
ALASKA	Hooper Bay	0	0	0	0
ALASKA	Hughes	0	0	0	0
ALASKA	Huslia	0	0	0	0
ALASKA	Hydaburg	0	0	0	0
ALASKA	Igiugig	0	0	0	0
ALASKA	Iliamna	0	0	0	0
ALASKA	Inalik (Diomedes)	0	0	0	0
ALASKA	Ivanoff Bay	0	0	0	0
ALASKA	Kaguyak	0	0	0	0
ALASKA	Kake	0	0	0	0
ALASKA	Kaktovik (Barter Island)	0	0	0	0
ALASKA	Kalskag	0	0	0	0
ALASKA	Kaltag	0	0	0	0
ALASKA	Kanatak	0	0	0	0
ALASKA	Karluk	0	0	0	0
ALASKA	Kasigluk	0	0	0	0
ALASKA	Kassan	0	0	0	0
ALASKA	Kenaitze	0	0	0	0
ALASKA	Ketchikan	0	0	0	0
ALASKA	Kiana	0	0	0	0

ALASKA	King Cove	0	0	0	0
ALASKA	King Island	0	0	0	0
ALASKA	Kipnuk	0	0	0	0
ALASKA	Kivalina	0	0	0	0
ALASKA	Klawock	0	0	0	0
ALASKA	Kluti Kaah (Copper Center)	0	0	0	0
ALASKA	Knik	0	0	0	0
ALASKA	Kobuk	0	0	0	0
ALASKA	Kokhanok	0	0	0	0
ALASKA	Koliganek	0	0	0	0
ALASKA	Kongiganak	0	0	0	0
ALASKA	Koniag Native Regional Corporation	201	107	0	308
ALASKA	Kotlik	0	0	0	0
ALASKA	Kotzebue	0	0	0	0
ALASKA	Koyuk	0	0	0	0
ALASKA	Koyukuk	0	0	0	0
ALASKA	Kwethluk	0	0	0	0
ALASKA	Kwigillingok	0	0	0	0
ALASKA	Kwinhagak (Quinhagak)	0	0	0	0
ALASKA	Larsen Bay	0	0	0	0
ALASKA	Lesnoi (Woody Island)	0	0	0	0
ALASKA	Levelock	0	0	0	0
ALASKA	Lime	0	0	0	0
ALASKA	Lower.Kalskag	0	0	0	0
ALASKA	Manley Hot Springs	0	0	0	0
ALASKA	Manokotak	0	0	0	0
ALASKA	Marshall	0	0	0	0
ALASKA	Mary's Igloo	0	0	0	0
ALASKA	McGrath	0	0	0	0
ALASKA	Mekoryuk	0	0	0	0
ALASKA	Mentasta	0	0	0	0
ALASKA	Minto	0	0	0	0
ALASKA	Mountain Village	0	0	0	0
ALASKA	Naknek	0	0	0	0
ALASKA	NANA Native Regional Corporation	370	83	0	453
ALASKA	Nanwelek (English Bay)	0	0	0	0
ALASKA	Napaimute	0	0	0	0
ALASKA	Napakiak	0	0	0	0
ALASKA	Napaskiak	0	0	0	0
ALASKA	Nelson Lagoon	0	0	0	0
ALASKA	Nenana	0	0	0	0
ALASKA	New Stuyahok	0	0	0	0
ALASKA	Newhalen	0	0	0	0
ALASKA	Newtok	0	0	0	0
ALASKA	Nightmute	0	0	0	0
ALASKA	Nikolai	0	0	0	0
ALASKA	Nikolski	0	0	0	0
ALASKA	Ninilchik	0	0	0	0
ALASKA	Noatuk	0	0	0	0
ALASKA	Nome	0	0	0	0
ALASKA	Nondalton	0	0	0	0
ALASKA	Noorvik	0	0	0	0
ALASKA	Northway	0	0	0	0
ALASKA	Nuiqsut	0	0	0	0
ALASKA	Nulato	0	0	0	0
ALASKA	Nunapitchuk	0	0	0	0

ALASKA	Ohogamiut	0	0	0	0
ALASKA	Old Harbor	0	0	0	0
ALASKA	Orutsararmuit (Bethel)	0	0	0	0
ALASKA	Oscarville	0	0	0	0
ALASKA	Ouzinkie	0	0	0	0
ALASKA	Paimiut	0	0	0	0
ALASKA	Pauloff Village	0	0	0	0
ALASKA	Pedro Bay	0	0	0	0
ALASKA	Perryville	0	0	0	0
ALASKA	Petersburg	0	0	0	0
ALASKA	Pilot Point	0	0	0	0
ALASKA	Pilot Station	0	0	0	0
ALASKA	Pitka's Point	0	0	0	0
ALASKA	Platinum	0	0	0	0
ALASKA	Point Hope	0	0	0	0
ALASKA	Point Lay	0	0	0	0
ALASKA	Port Graham	0	0	0	0
ALASKA	Port Heiden	0	0	0	0
ALASKA	Port Lions	0	0	0	0
ALASKA	Portage Creek	0	0	0	0
ALASKA	Qagan Tayagungin (Sand Point)	0	0	0	0
ALASKA	Qawalangin (Unalaska)	0	0	0	0
ALASKA	Rampart	0	0	0	0
ALASKA	Red Devil	0	0	0	0
ALASKA	Ruby	0	0	0	0
ALASKA	Russian Mission (Yukon)	0	0	0	0
ALASKA	Saint George	0	0	0	0
ALASKA	Saint Michael	0	0	0	0
ALASKA	Saint Paul	0	0	0	0
ALASKA	Salamatoff	0	0	0	0
ALASKA	Savoonga	0	0	0	0
ALASKA	Saxman	0	0	0	0
ALASKA	Scammon Bay	0	0	0	0
ALASKA	Selawik	0	0	0	0
ALASKA	Seldovia	0	0	0	0
ALASKA	Shageluk	0	0	0	0
ALASKA	Shaktoolik	0	0	0	0
ALASKA	Sheldon's Point	0	0	0	0
ALASKA	Shishmaref	0	0	0	0
ALASKA	Shungnak	0	0	0	0
ALASKA	Skagway	0	0	0	0
ALASKA	Sleetmute	0	0	0	0
ALASKA	Solomon	0	0	0	0
ALASKA	South Naknek	0	0	0	0
ALASKA	Stebbins	0	0	0	0
ALASKA	Stevens	0	0	0	0
ALASKA	Stoney River	0	0	0	0
ALASKA	Takotna	0	0	0	0
ALASKA	Tanacross	0	0	0	0
ALASKA	Tanana	0	0	0	0
ALASKA	Tatitlek	0	0	0	0
ALASKA	Tazlina	0	0	0	0
ALASKA	Telida	0	0	0	0
ALASKA	Teller	0	0	0	0
ALASKA	Tetlin	0	0	0	0
ALASKA	Tlingit and Haida	433	179	0	612

ALASKA	Togiak	0	0	0	0
ALASKA	Toksook Bay	0	0	0	0
ALASKA	Tuluksak	0	0	0	0
ALASKA	Tuntutuliak	0	0	0	0
ALASKA	Tununak	0	0	0	0
ALASKA	Twin Hills	0	0	0	0
ALASKA	Tyonek	0	0	0	0
ALASKA	Ugashik	0	0	0	0
ALASKA	Umkumiute	0	0	0	0
ALASKA	Unalakleet	0	0	0	0
ALASKA	Unga	0	0	0	0
ALASKA	Venetie	0	0	0	0
ALASKA	Wainwright	0	0	0	0
ALASKA	Wales	0	0	0	0
ALASKA	White Mountain	0	0	0	0
ALASKA	Wrangell	0	0	0	0
ALASKA	Yakutat	0	0	0	0
CHICAGO	Aroostook Band of Micmac	0	66	0	66
CHICAGO	Bad River Band	24	167	12	203
CHICAGO	Bay Mills Indian Community	135	70	0	205
CHICAGO	Boise Forte Band of Minnesota	22	42	30	94
	Chippewa				
CHICAGO	Catawba Indian Tribe	40	34	0	74
CHICAGO	Cayuga Nation	0	0	0	0
CHICAGO	Coharie State Tribe	0	20	0	20
CHICAGO	Eastern Cherokee	796	125	0	921
CHICAGO	Fond Du Lac Band of Minnesota	86	224	20	330
	Chippewa				
CHICAGO	Forest County Potawatami	52	7	0	59
CHICAGO	Grand Portage Band of Minn.	28	13	0	41
	Chippewa				
CHICAGO	Grand Traverse Band	0	60	0	60
CHICAGO	Gun Lake Tribe	0	0	0	0
CHICAGO	Haliwa-Saponi State Tribe	0	30	0	30
CHICAGO	Hannahville Community	0	15	0	15
CHICAGO	Ho-Chunk Nation	26	152	0	178
CHICAGO	Houlton Band of Maliseets	15	75	0	90
CHICAGO	Huron Band of Potawatomi	0	0	0	0
CHICAGO	Keweenaw Bay Indian Community	15	252	0	267
CHICAGO	Lac Courte Oreilles	120	316	16	452
CHICAGO	Lac Du Flambeau Band	133	193	1	327
CHICAGO	Lac Vieux Desert Band	8	35	0	43
CHICAGO	Leech Lake Band of Minnesota	157	313	0	470
	Chippewa				
CHICAGO	Little River Band of Ottawa	0	0	0	0
CHICAGO	Little Traverse Bay Band	0	0	0	0
CHICAGO	Lower Sioux	0	32	0	32
CHICAGO	Lumbee State Tribe	0	204	0	204
CHICAGO	Menominee Indian Tribe	196	290	0	486
CHICAGO	Miccosukee Tribe	0	0	0	0
CHICAGO	Mille Lacs Band of Minnesota	20	115	0	135
	Chippewa				
CHICAGO	Mississippi Choctaw Tribe	564	303	0	867
CHICAGO	MOWA Band of Choctaw Indians	0	50	0	50
CHICAGO	Narragansett Tribe	0	0	0	0
CHICAGO	Oneida Nation of New York	0	30	0	30

CHICAGO	Oneida Tribe	139	189	0	328
CHICAGO	Onondaga Nation	0	0	0	0
CHICAGO	Passamaquoddy Indian Tribe	45	93	25	163
CHICAGO	Penobscot Tribe	10	52	61	123
CHICAGO	Pleasant Point	77	36	50	163
CHICAGO	Poarch Band of Creek Indians	100	105	0	205
CHICAGO	Pokagon Band of Potawatomi	0	0	0	0
CHICAGO	Prairie Island Sioux	0	24	0	24
CHICAGO	Red Cliff Band of Lake Superior Chippewa	18	115	8	141
CHICAGO	Red Lake Band of Chippewa	175	297	5	477
CHICAGO	Sac & Fox Tribe	0	20	0	20
CHICAGO	Saginaw Chippewa	44	72	0	116
CHICAGO	Saint Croix Chippewa	32	174	7	213
CHICAGO	Sault Ste. Marie Tribe	34	398	0	432
CHICAGO	Seminole Tribe	301	166	0	467
CHICAGO	Seneca Nation of New York	5	211	95	311
CHICAGO	Shakopee Sioux	0	0	0	0
CHICAGO	Sokagoan Chippewa Tribe	11	121	0	132
CHICAGO	St. Regis Mohawk Tribe	206	50	0	256
CHICAGO	Stockbridge-Munsee Tribe	36	26	34	96
CHICAGO	Tonawanda Band of Senecas	0	0	0	0
CHICAGO	Tuscarora Nation	0	0	0	0
CHICAGO	Upper Sioux Indian Community	0	0	0	0
CHICAGO	Waccamaw Siouan State Tribe	0	0	0	0
CHICAGO	Wampanoag Tribe	0	18	0	18
CHICAGO	White Earth Band of Minnesota Chippewa	107	243	18	368
DENVER	Blackfeet Tribe	553	604	0	1,157
DENVER	Cheyenne River Sioux	256	594	51	901
DENVER	Crow Creek Sioux	148	218	0	366
DENVER	Crow Tribe	320	183	75	578
DENVER	Devils Lake Sioux	110	328	33	471
DENVER	Flandreau Santee Sioux	36	50	0	86
DENVER	Fort Belknap Indian Community	378	249	0	627
DENVER	Fort Peck Assiniboine and Sioux	484	542	55	1,081
DENVER	Ft. Berthold Affiliated Tribes	265	409	0	674
DENVER	Goshute Reservation	4	8	0	12
DENVER	Lower Brule Sioux	84	153	20	257
DENVER	Northern Arapahoe	221	166	0	387
DENVER	Northern Cheyenne	527	233	0	760
DENVER	NW Band of Shoshone Nation	0	13	0	13
DENVER	Oglala Sioux of Pine Ridge Reservation	512	1,011	0	1,523
DENVER	Omaha Tribe	93	200	0	293
DENVER	Ponca Tribe of Nebraska	35	38	0	73
DENVER	Rocky Boy Chippewa-Cree	241	274	0	515
DENVER	Rosebud Sioux	300	861	0	1,161
DENVER	Salish and Kootenai Tribes	245	414	0	659
DENVER	Santee Sioux Tribe	50	101	0	151
DENVER	Shoshone Tribe of the Wind River Reser	157	136	0	293
DENVER	Sisseton-Wahpeton Sioux	153	538	0	691
DENVER	Skull Valley Band of Goshute	0	0	0	0
DENVER	Southern Ute Tribe	97	111	0	208
DENVER	Standing Rock Sioux	284	597	37	918

DENVER	Turtle Mountain Band of Chippewa	682	842	15	1,539	-13
DENVER	Uintah & Ouray Ute Indian Tribe	126	109	0	235	
DENVER	Utah Paiute Tribe	30	138	0	168	
DENVER	Ute Mountain Tribe	165	150	0	315	
DENVER	Winnebago Tribe	44	184	0	228	
DENVER	Yankton Sioux	62	251	0	313	
OKLAHOM	Absentee-Shawnee	532	195	0	727	
A						
OKLAHOM	Alabama-Coushatta	107	0	0	107	
A						
OKLAHOM	Alabama-Quassarte Tribal Town	0	0	0	0	
A						
OKLAHOM	Apache Tribe	104	0	0	104	
A						
OKLAHOM	Caddo Tribe	186	20	0	206	-184
A						
OKLAHOM	Cherokee Nation	2,098	994	0	3,092	
A						
OKLAHOM	Cheyenne-Arapaho Tribes	269	0	0	269	
A						
OKLAHOM	Chickasaw	1,048	754	0	1,802	
A						
OKLAHOM	Chitimacha Tribe	58	0	0	58	
A						
OKLAHOM	Choctaw Nation	1,984	146	0	2,130	
A						
OKLAHOM	Citizen Band Potawatomi Tribe	0	25	0	25	
A						
OKLAHOM	Comanche Tribe	414	140	0	554	
A						
OKLAHOM	Coushatta Tribe	16	0	0	16	
A						
OKLAHOM	Delaware Tribe	0	0	0	0	
A						
OKLAHOM	Delaware Tribe of Indians (Eastern)	132	77	0	209	
A						
OKLAHOM	Eastern Shawnee Tribe	0	0	0	0	
A						
OKLAHOM	Fort Sill Apache Tribe	0	0	0	0	
A						
OKLAHOM	Iowa Tribe of Kansas and Nebraska	72	46	0	118	-38
A						
OKLAHOM	Iowa Tribe of Oklahoma	0	0	0	0	
A						
OKLAHOM	Jena Band of Choctaw	0	0	0	0	
A						
OKLAHOM	Kaw Tribe	107	0	0	107	
A						
OKLAHOM	Kialegee Tribal Town	0	0	0	0	
A						
OKLAHOM	Kickapoo Tribe	85	75	0	160	
A						
OKLAHOM	Kickapoo Tribe of Oklahoma	0	0	0	0	
A						
OKLAHOM	Kiowa Tribe	151	0	0	151	
A						

OKLAHOM	Miami Tribe	0	0	0	0	
A						
OKLAHOM	Modoc Tribe	0	15	0	15	
A						
OKLAHOM	Muskogee (Creek) Nation	1,518	328	0	1,846	-239
A						
OKLAHOM	Osage Tribe	364	0	0	364	
A						
OKLAHOM	Otoe-Missouria Tribe	70	50	0	120	-70
A						
OKLAHOM	Ottawa Tribe	0	0	0	0	
A						
OKLAHOM	Pawnee Tribe	43	25	0	68	
A						
OKLAHOM	Peoria Tribe	309	123	0	432	
A						
OKLAHOM	Ponca Tribe	162	40	0	202	
A						
OKLAHOM	Prairie Band of Potawatomi	65	30	0	95	
A						
OKLAHOM	Quapaw Tribe	0	0	0	0	
A						
OKLAHOM	Sac and Fox of Missouri	19	20	0	39	
A						
OKLAHOM	Sac and Fox Tribe	343	45	0	388	
A						
OKLAHOM	Seminole Nation	106	26	0	132	
A						
OKLAHOM	Seneca-Cayuga	0	0	0	0	
A						
OKLAHOM	Texas Band of Kickapoo Indians	0	20	0	20	
A						
OKLAHOM	Thlopthlocco Tribal Town	0	0	0	0	
A						
OKLAHOM	Tonkawa Tribe	35	50	0	85	
A						
OKLAHOM	Tunica-Biloxi Tribe	0	0	0	0	
A						
OKLAHOM	United Keetoowah	0	0	0	0	
A						
OKLAHOM	Wichita Tribe	59	40	0	99	
A						
OKLAHOM	Wyandotte	0	0	0	0	
A						
PHOENIX	Acoma Pueblo	131	0	0	131	
PHOENIX	Agua Caliente Band of Cahuilla	0	0	0	0	
PHOENIX	Ak-Chin Papago	0	32	0	32	
PHOENIX	Alturas Rancheria	0	0	0	0	
PHOENIX	Auburn Rancheria	0	0	0	0	
PHOENIX	Augustine Band of Cahuilla	0	0	0	0	
PHOENIX	Barona Group of Capitan Grande	53	0	0	53	
PHOENIX	Berry Creek Rancheria	17	23	0	40	
PHOENIX	Big Lagoon Rancheria	0	0	0	0	
PHOENIX	Big Pine Band	91	20	0	111	
PHOENIX	Big Sandy Rancheria	0	0	0	0	
PHOENIX	Big Valley Rancheria	0	0	0	0	

PHOENIX	Blue Lake Rancheria	0	0	0	0
PHOENIX	Bridgeport Paiute Indian Colony	0	21	0	21
PHOENIX	Buena Vista Rancheria	0	0	0	0
PHOENIX	Cabazon Band	0	0	0	0
PHOENIX	Cahuilla Band	13	0	0	13
PHOENIX	Campo Band	22	33	0	55
PHOENIX	Cedarville Rancheria	0	0	0	0
PHOENIX	Chemehuevi	40	45	0	85
PHOENIX	Chicken Ranch Rancheria	0	2	0	2
PHOENIX	Chico Rancheria	0	0	0	0
PHOENIX	Cloverdale Rancheria	0	0	0	0
PHOENIX	Cochiti Pueblo	28	0	0	28
PHOENIX	Cocopah Tribe	32	75	0	107
PHOENIX	Cold Springs Rancheria	7	30	0	37
PHOENIX	Colorado River Indian Tribes	200	225	0	425
PHOENIX	Colusa Rancheria	0	0	0	0
PHOENIX	Cortina Rancheria	0	0	0	0
PHOENIX	Coyote Valley Band	0	30	0	30
PHOENIX	Cuyapaipe Community	0	0	0	0
PHOENIX	Death Valley Timba-Sha	0	0	0	0
PHOENIX	Dry Creek Rancheria	0	0	0	0
PHOENIX	Duck Valley Shoshone-Paiute	111	64	0	175
PHOENIX	Duckwater Shoshone	8	18	0	26
PHOENIX	Elk Valley Rancheria	0	0	0	0
PHOENIX	Ely Shoshone	10	28	0	38
PHOENIX	Enterprise Rancheria	0	0	0	0
PHOENIX	Fallon Paiute-Shoshone	112	57	0	169
PHOENIX	Fort Bidwell	35	6	0	41
PHOENIX	Fort Independence	11	1	0	12
PHOENIX	Fort McDermitt Paiute and Shoshone	0	0	0	0
PHOENIX	Fort McDowell Mohave Apache	35	15	0	50
PHOENIX	Fort Mojave Tribe	56	128	0	184
PHOENIX	Gila River	361	686	8	1,055
PHOENIX	Greenville Rancheria	0	0	0	0
PHOENIX	Grindstone Rancheria	14	31	0	45
PHOENIX	Guidiville Rancheria	0	0	0	0
PHOENIX	Havasupai	0	0	0	0
PHOENIX	Hoop Valley	183	51	0	234
PHOENIX	Hopi	335	20	0	355
PHOENIX	Hopland Rancheria	0	20	0	20
PHOENIX	Hualapai	163	135	0	298
PHOENIX	Inaja Band	0	0	0	0
PHOENIX	Ione Band of Miwok Indians	0	0	0	0
PHOENIX	Isleta Pueblo	91	0	0	91
PHOENIX	Jackson Rancheria	0	0	0	0
PHOENIX	Jamul Indian Village	0	0	0	0
PHOENIX	Jemez Pueblo	60	0	0	60
PHOENIX	Jicarilla Reservation	100	138	0	238
PHOENIX	Kaibab Band of Paiute	33	25	0	58
PHOENIX	Karuk	5	95	0	100
PHOENIX	La Jolla Band	54	2	0	56
PHOENIX	La Posta Band	0	0	0	0
PHOENIX	Laguna Pueblo	194	39	0	233
PHOENIX	Las Vegas Colony	0	0	0	0
PHOENIX	Laytonville Rancheria	2	31	0	33

PHOENIX	Lone Pine Paiute-Shoshone	40	10	0	50
PHOENIX	Los Coyotes Band of Cahuilla	0	0	0	0
PHOENIX	Lovelock Colony	4	0	0	4
PHOENIX	Lytton Rancheria of California	0	0	0	0
PHOENIX	Manchester Point Arena Rancheria	11	38	0	49
PHOENIX	Manzanita Band	0	0	0	0
PHOENIX	Mesa Grande Band	0	22	0	22
PHOENIX	Mescalero Reservation	35	311	0	346
PHOENIX	Middletown Rancheria	0	0	0	0
PHOENIX	Moapa Band of Paiute	10	39	0	49
PHOENIX	Mooretown Rancheria	10	40	0	50
PHOENIX	Morongo Band of Cahuilla	91	0	0	91
PHOENIX	Nambe Pueblo	108	0	0	108
PHOENIX	Navajo Nation	4,007	3,439	0	7,446
PHOENIX	North Fork Rancheria	0	0	0	0
PHOENIX	Paiute-Shoshone of Bishop Colony	158	65	0	223
PHOENIX	Pala Bank	89	12	0	101
PHOENIX	Pascua Yaqui Tribe	380	383	0	763
PHOENIX	Paskenta Band of Nomlaki Indian	0	0	0	0
PHOENIX	Pauma Band	19	0	0	19
PHOENIX	Payson Tonto Apache	0	0	0	0
PHOENIX	Pechanga Band	0	0	0	0
PHOENIX	Picayune Rancheria	0	0	0	0
PHOENIX	Picuris Pueblo	27	0	0	27
PHOENIX	Pinoleville Rancheria	0	0	0	0
PHOENIX	Pit River Tribe	0	0	0	0
PHOENIX	Pojoaque Pueblo	42	0	0	42
PHOENIX	Potter Valley Rancheria	0	0	0	0
PHOENIX	Pyramid Lake Paiute	205	58	0	263
PHOENIX	Quartz Valley Reservation	0	1	0	1
PHOENIX	Quechan Tribe	207	79	0	286
PHOENIX	Ramona Band	0	0	0	0
PHOENIX	Redding Rancheria	0	0	0	0
PHOENIX	Redwood Valley Rancheria	16	9	0	25
PHOENIX	Reno-Sparks Colony	122	78	0	200
PHOENIX	Resighini Rancheria	0	0	0	0
PHOENIX	Rincon Reservation	82	15	0	97
PHOENIX	Robinson Rancheria	30	11	0	41
PHOENIX	Rohnerville Rancheria	0	0	0	0
PHOENIX	Round Valley Reservation	63	51	0	114
PHOENIX	Rumsey Rancheria	0	0	0	0
PHOENIX	Salt River Plma-Maricopa	318	153	0	471
PHOENIX	San Carlos Apache	464	424	0	888
PHOENIX	San Felipe Pueblo	10	0	0	10
PHOENIX	San Ildefonso Pueblo	105	0	0	105
PHOENIX	San Juan Pueblo	133	10	0	143
PHOENIX	San Juan Southern Paiute Tribe	0	0	0	0
PHOENIX	San Manuel Band	0	0	0	0
PHOENIX	San Pasqual Band	54	10	0	64
PHOENIX	San Rosa Band of Cahuilla	5	0	0	5
PHOENIX	San Ysabel Reservation	0	0	0	0
PHOENIX	Sandia Pueblo	33	1	0	34
PHOENIX	Santa Ana Pueblo	22	0	0	22
PHOENIX	Santa Clara Pueblo	130	0	0	130
PHOENIX	Santa Rosa Rancheria	2	43	0	45
PHOENIX	Santa Ynez Band of Chumash	45	22	0	67

PHOENIX	Santo Domingo Pueblo	41	32	0	73
PHOENIX	Scotts Valley (Pomo)	0	0	0	0
PHOENIX	Sheep Rancheria	0	0	0	0
PHOENIX	Sherwood Valley Rancheria	16	19	0	35
PHOENIX	Shingle Springs Rancheria	0	0	0	0
PHOENIX	Smith River Rancheria	0	0	0	0
PHOENIX	Soboba Band	85	8	0	93
PHOENIX	Stewarts Point Rancheria	0	0	0	0
PHOENIX	Sulphur Bank Rancheria	0	0	0	0
PHOENIX	Summit Lake Paiute Tribe	0	0	0	0
PHOENIX	Susanville Rancheria	53	31	0	84
PHOENIX	Sycuan Band	0	0	0	0
PHOENIX	Table Bluff Rancheria	0	0	0	0
PHOENIX	Table Mountain Rancheria	0	0	0	0
PHOENIX	Taos Pueblo	159	0	0	159
PHOENIX	Te-Moak	223	59	0	282
PHOENIX	Tesuque Pueblo	32	0	0	32
PHOENIX	Tohono O'Odham Nation	811	122	0	933
PHOENIX	Torres-Martinez Band of Cahuilla	26	11	0	37
PHOENIX	Trinidad Rancheria	0	0	0	0
PHOENIX	Tule River Indian Tribe	50	7	0	57
PHOENIX	Tulomne Rancheria	14	7	0	21
PHOENIX	Twenty Nine Palms Band	0	0	0	0
PHOENIX	Upper Lake Rancheria	0	0	0	0
PHOENIX	Utu Utu Gwaiti Paiute	0	0	0	0
PHOENIX	Viejas Group of Capitan Grande	42	12	0	54
PHOENIX	Walker River Paiute Tribe	128	46	0	174
PHOENIX	Washoe Tribe	150	80	0	230
PHOENIX	White Mountain Apache (Fort Apache)	800	448	0	1,248
PHOENIX	Winnemucca Colony	0	0	0	0
PHOENIX	Yavapai-Apache (Camp Verde)	68	83	0	151
PHOENIX	Yavapai-Prescott	0	0	0	0
PHOENIX	Yerington Paiute Tribe	54	15	0	69
PHOENIX	Yomba Shoshone Tribe	0	22	0	22
PHOENIX	Ysleta Del Sur	136	0	0	136
PHOENIX	Yurok Tribe	0	0	0	0
PHOENIX	Zia Pueblo	45	0	0	45
PHOENIX	Zuni Tribe	431	167	45	643
SEATTLE	Burns-Paiute Colony	18	0	0	18
SEATTLE	Chehalis Confederated Tribes	25	54	0	79
SEATTLE	Coeur D'Alene Tribe	138	86	0	224
SEATTLE	Colville Confederated Tribes	178	262	0	440
SEATTLE	Coos Bay Confederated Tribes	0	0	0	0
SEATTLE	Coquille Indian Tribe	20	51	0	71
SEATTLE	Cowlitz Tribe	0	0	0	0
SEATTLE	Fort Hall Shoshone-Bannock	191	94	0	285
SEATTLE	Grand Ronde Confederated Tribes	0	0	0	0
SEATTLE	Hoh Indian Tribe	19	0	0	19
SEATTLE	Jamestown S'Klallam Tribe	0	0	0	0
SEATTLE	Kalispel Indian Community	21	0	0	21
SEATTLE	Klamath Indian Tribe	5	31	0	36
SEATTLE	Kootenai Tribe	25	0	0	25
SEATTLE	Lower Elwha Tribal Community	103	0	0	103
SEATTLE	Lummi Tribe	132	199	0	331
SEATTLE	Makah Indian Tribe	204	42	0	246

SEATTLE	Muckleshoot Indian Tribe	0	40	0	40
SEATTLE	Nez Perce Tribe	197	90	0	287
SEATTLE	Nisqually Indian Community	92	0	0	92
SEATTLE	Nooksack Tribe	114	7	0	121
SEATTLE	Port Gamble Indian Community	20	35	0	55
SEATTLE	Puyallup Tribe	43	27	0	70
SEATTLE	Quileute Tribe	62	3	0	65
SEATTLE	Quinault Tribe	74	50	0	124
SEATTLE	Samish Nation	0	0	0	0
SEATTLE	Sauk-Suiattle Indian Tribe	20	0	0	20
SEATTLE	Shoalwater Bay Tribe	13	0	0	13
SEATTLE	Siletz Confederated Tribes	54	51	0	105
SEATTLE	Skokomish Indian Tribe	74	0	0	74
SEATTLE	Spokane Tribe	185	106	0	291
SEATTLE	Squaxin Island Tribe	65	19	0	84
SEATTLE	Stillaguamish Tribe	30	0	0	30
SEATTLE	Suquamish Tribal Council	63	9	0	72
SEATTLE	Swinomish Indians	20	79	6	105
SEATTLE	Tulalip Tribes	132	158	0	290
SEATTLE	Umatilla Confederated Tribes	92	130	0	222
SEATTLE	Upper Skagit Tribe	50	26	0	76
SEATTLE	Warm Springs Confederated Tribes	103	100	0	203
SEATTLE	Yakima Indian Nation	411	272	0	683
					73,053

Appendix C – Required Forms and Certifications

- ☐ Application Data Input Form
- ☐ Application Cover Letter
- ☐ Project Summary, Congressional Notification
- ☐ Executive Summary and Implementation Schedule
- ☐ Standard Form-424, Application for Federal Assistance
- ☐ Standard Form-424A, Budget Information (non-construction programs), with activity Budget Narrative/and supporting documentation, as applicable
- ☐ Standard Form-424B, Assurances (non-construction programs)
- ☐ Standard Form-2880, Applicant/Recipient Disclosure/Update Report
- ☐ Form HUD-50070 Drug-Free Workplace Certification
- ☐ Form HUD-50071 Certification of Payments to Influence Federal Transactions (Lobbying Certification)
- ☐ SF-LLL Disclosure of Lobbying Activities Certification
- ☐ Form HUD-2992 Certification of Debarment and Suspension
- ☐ Certification of Consistency with the Indian Housing Plan
- ☐ Certification of Resident Management Corporations, Resident Councils, Resident Organizations, and Residents
- ☐ Acknowledgement of Application Receipt

FY 2000 IHDEP Applicant Data Input Form

Application control number _____ / _____ (Tribe, or TDHE No.)

IRS Employer Identification Number (EIN) _____ (from Item 6. of the SF-424)

Tribe, or TDHE Name _____

HUD Area Office _____ State _____

Tribe, or TDHE Executive Director _____ Phone _____

Tribe, or TDHE Grant Coordinator _____ Phone _____

List the names of the specific developments targeted for assistance under this grant.
(Attach additional pages if more space is needed.)

In accordance with section IV(A) of the NOFA, provide the unit count(s).

UNITS	COUNT
1. Indian Housing	_____
2. Section 23 Leased Housing	_____
3. Turnkey III Homeownership	_____
4. Mutual Help Homeownership	_____
5. TOTAL UNIT COUNT	=====

Applicant must attach documentation verifying the unit count.

Has the applicant confirmed the tribe, or TDHE unit count with the local HUD/AONAPs?

Yes ☐

No ☐

Date _____

Name of Area Office representative that confirmed the unit count:

FY 2000 IHDEP APPLICATION COVER LETTER

The _____ (Tribe/TDHE)
is applying for funding under the FY 2000 Indian Housing Drug Elimination Program.

This application updates a FY 1999 PIHDEP application. Yes or No (Circle One)

This application contains the following forms and application kit requirements in the following order (please check off):

- _____ Application Data Input Form
- _____ Application Cover Letter
- _____ Project Summary, Congressional Notification
- _____ Executive Summary and Implementation Schedule
- _____ Narrative of the plan with response to each of the five rating factors
- _____ Lines of accountability (including organizational chart)
- _____ Description of subgrantees, if applicable
- _____ Description of staff
- _____ Standard Form-424, Application for Federal Assistance
- _____ Standard Form-424A, Budget Information (non-construction programs),
with activity Budget Narrative/and supporting documentation, as
applicable.
- _____ Standard Form-424B, Assurances (non-construction programs)
- _____ Standard Form-2880, Applicant/Recipient Disclosure/Update Report
- _____ Form HUD-50070 Drug-Free Workplace Certification
- _____ Form HUD-50071 Certification of Payments to Influence Federal
Transactions (Lobbying Certification)
- _____ SF-LLL Disclosure of Lobbying Activities Certification
- _____ Form HUD-2992 Certification of Debarment and Suspension
- _____ Certification of Consistency with the Indian Housing Plan
- _____ Certification of Resident Management Corporations, Resident Councils,
Resident Organizations, and Residents
- _____ Acknowledgement of Application Receipt

**PROJECT SUMMARY
CONGRESSIONAL NOTIFICATION
INFORMATION SHEET
FY 1999-2000 IHDEP**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

A narrative (one paragraph only) must be completed by each applicant. HUD will use this narrative for congressional notifications.

PLEASE INCLUDE IN YOUR NARRATIVE:

1. Components or elements of your comprehensive plan.
 2. Major activities and/or programs.
 3. Use specific names of targeted developments including location of developments.
 4. Identify population to be assisted and projected number of residents served (if applicable).
-

NAME(S) OF CONGRESSIONAL REPRESENTATIVE(S)	CONGRESSIONAL DISTRICT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

FY 2000 IHDEP EXECUTIVE SUMMARY AND IMPLEMENTATION SCHEDULE

Executive Summary

Summarize your proposed program activities in five (5) sentences or less. You may use the same summary as in the "Project Summary, Congressional Notification" form as long as it meets the requirement for sentence length.

Implementation Schedule

Create an overall timetable and separate timetables for each of your proposed activities. Determine overall and individual activity goals. Develop milestones toward achieving each of these goals. Briefly describe the contributions and implementation responsibilities of each partner for each activity, goal, and milestone.

Use the forms provided. There is both an **Implementation Schedule: Overall** and an **Implementation Schedule: Activity ____**. Make as many additional copies of the individual activity implementation schedule as you have activities.

FY 2000 IHDEP Implementation Schedule: Overall

Applicant Name: _____

[illegible]

FY 2000 IHDEP

Implementation Schedule: Activity _____ (refer to overall plan for activity #s)

Applicant Name: _____

[illegible]

Application for Federal Assistance

OMB Approval No. 0348-0043

		2. Date Submitted (mm/dd/yyyy)	Applicant Identifier
1. Type of Submission Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
5. Applicant Information			
Legal Name		Organizational Unit	
Address (give city, county, State, and zip code)		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
6. Employer Identification Number (EIN) (xx-yyyymm) <input type="text"/> — <input type="text"/>		7. Type of Applicant (enter appropriate letter in box) <input type="text"/> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)	
8. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. Name of Federal Agency	
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: <input type="text"/> — <input type="text"/>		11. Descriptive Title of Applicant's Project	
12. Areas Affected by Project (cities, counties, States, etc.)			
13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)		14. Congressional Districts of a. Applicant b. Project	
15. Estimated Funding <div style="background-color: #cccccc; padding: 20px; text-align: center;">Complete form HUD-424-M, Funding Matrix</div>		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) _____ b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.	
		17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input type="checkbox"/> No	
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative		b. Title	c. Telephone Number (Include Area Code)
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy)	

Instructions for the SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043, Washington, DC 20503).

**Please do not return your completed form to the Office of Management and Budget.
Send it to the address provided by the sponsoring agency .**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item | Entry | Item | Entry |
|------|--|------|---|
| 1. | Self-explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
| 2. | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable). | 13. | Self-explanatory. |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. | 15. | Use form HUD-4243-M, Funding Matrix. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided:
– "New" means a new assistance award.
– "Continuation" means an extension for an additional funding budget period for a project with a projected completion date.
– "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | | |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For pre-applications, use a separate sheet to provide a summary description of this project. | | |

Budget Information — Non-Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

Section B - Budget Categories					
6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. Totals (sum of 6i and 6j)					
7. Program Income	\$	\$	\$	\$	\$

Section C - Non-Federal Resources				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. Total (sum of lines 8 - 11)	\$	\$	\$	\$

Section D - Forcasted Cash Needs					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal					
15. Total (sum of lines 13 and 14)	\$	\$	\$	\$	\$

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. Total (sum of lines 16-19)	\$	\$	\$	\$

Section F - Other Budget Information	
21. Direct Charges	22. Indirect Charges
23. Remarks	

Instructions for the SF-424A

Public Reporting Burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the later case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a **single** Federal grant program (Federal Domestic Assistance Catalog number) and **not requiring** a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a **single** program **requiring** budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in **Column** (a) and the respective catalog number on each line in Column (b).

For applications pertaining to **multiple** programs where one or more programs **require** a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5—Show the totals for all columns used.

Section B. Budget Categories

In the column headings (a) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost.

Line 6k—Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f) Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19—Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

**FY 2000 IHDEP
Budget Narrative**

As an attachment to Form SF-424A, provide a narrative budget for each of your proposed activities. Provide the following information:

BRIEF ACTIVITY DESCRIPTION: In a paragraph no more than ½ page in length, summarize the activity in question and how it fits into your overall plan for eliminating drugs and drug-related crime in the affected developments.

FUNDS REQUESTED FOR ACTIVITY:

AMPLIFIED BUDGET ITEMS BY OBJECT CLASS

CATEGORY: Break down the budget for each of your activities using the budget categories in Section B(6) of the SF-424A. These are:

Personnel
Fringe Benefits
Travel
Equipment
Supplies
Contractual
Construction
Other

You will note for each category how much of funding comes from proposed IHDEP funding and how much from other local, in-kind sources.

Assurances—Non-Construction Programs

OMB Approval No. 0348-0040

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.O. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 36701 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a and 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (e) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of

project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the national Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 or OMB Circular No. A-133, Audits of Institutions of Higher Learning and other Non-profit Institutions.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signature of Authorized Certifying Official

Title

Applicant Organization

Date Submitted

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 3/31/2003)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ or an Update Report ☐

1. Applicant/Recipient Name, Address, and Phone (include area code):

() -

2. Social Security Number or
Employer ID Number:

- -

3. HUD Program Name

4. Amount of HUD Assistance
Requested/Received

5. State the name and location (street address, City and State) of the project or activity:

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ Yes ☐ No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes ☐ No.

If you answered "**No**" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However**, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:

Date: (mm/dd/yyyy)

X

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance): General.

All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to **either** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD **and any other source** - that have been or are to be, made available for the project or activity. Non-government sources of funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to

incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Signature

Date

X

Certification of Payments
to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Program/Activity Receiving Federal Grant Funding

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Form with fields for Name of Authorized Official, Title, Signature, and Date. Includes an 'X' mark in the Signature field.

Approved by OMB 0348-0046

[illegible]

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just the time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a continuation sheet(s) are attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public Reporting Burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency .

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Certification Regarding Debarment and Suspension

U.S. Department of Housing
and Urban Development

Certification A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief that its principals;

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency;

b. Have not within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Certification (A)

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of these regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines this eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Certification (B)

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a lower covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

Applicant		Date
Signature of Authorized Certifying Official		Title

**CERTIFICATION OF CONSISTENCY WITH THE
INDIAN HOUSING PLAN**

**U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Indian Housing Plan.

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal Program(s) to
which the applicant is applying: _____

Name of Certifying Jurisdiction: _____

Title: _____

Signature: _____

Date: _____

**CERTIFICATION BY RESIDENT MANAGEMENT
CORPORATIONS (RMCs)/RESIDENT COUNCILS (RCs)
Resident Organizations (ROs) or Residents**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

The applicant certifies that:

- ☐ Residents participated in the preparation/strategy of the application for the Indian Housing Drug Elimination Program for the targeted development(s);
- ☐ The applicant's description in its plan of activities to be undertaken by the RMC/RC/RO or residents is accurate and complete; and
- ☐ Certification is applicable only for targeted development(s).
- ☐ If awarded, the applicant will involve residents in any change to the approved plan.
- ☐ Residents are aware that the application deadline date is July 10, 2000, 6 P.M., local time.

Duly-Elected Resident Representative

(Print Name and Title)

Name

Title

X _____

Signature

Signed this _____ day of _____, 2000

Executive Director

(Print Name and Title)

Name

Title

X _____

Signature

Signed this _____ day of _____, 2000

Signatures of other Tribal housing resident organization presidents or Tribal housing resident(s) if one does not exist, and other public Indian housing leadership organizations for the proposed/targeted developments.

1. Name _____
Address _____
2. Name _____
Address _____
3. Name _____
Address _____
4. Name _____
Address _____

- ☐ Check if comments by residents are attached.

Acknowledgement of Application Receipt

U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT

Type or clearly print the Applicant's name and full mailing address in the space below.

(Fold Line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying: _____

To Be Completed by HUD

HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.

HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:

Enclosed

Being sent under separate cover

Processor's Name _____

Date of Receipt _____